2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147613

Entity Name: TAYLOR EXPERT INC.

9845 WILLOWICK

FORT WORTH, TX 76108

Address: City-St-Zip: FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3346 SOUTH EAST FEDERAL HIGHWAY STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 2657 WARFIELD FORT WORTH, TX 76106 FEI Number: 16-1739999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, DEBBIE 2657 WARFIELD FORT WORTH, TX, FL 76106 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TAYLOR, DEBBIE Name: Name: 2657 WARFIELD Address: Address: City-St-Zip: FORT WORTH, TX 76106 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: MCDONALD, CHARLES Name: 5125 CROWN RD Address: Address: FORT WORTH, TX 76114 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition NELDA, DAY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEBBIE TAYLOR OFF 03/02/2007